

AUTO CR - LOG SUMMARY #1053790

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that since Department members have previously responded to the above location for a domestic, IDOC was contacted, and a parole violation was issued. The Department members responded to the location and the subject refused to open the door using vulgarities. The Department members made forced entry through the front door and the subject attempted to flee and PO Pachnik deployed his Taser striking the subject on the rear side of his body. The subject had the lights off and fled into the bathroom. The Department members attempted to place the subject into custody when the subject charged at Department members with a closed fists striking PO Manjarrez on the head, striking PO Pachnik on the right shoulder and grabbing PO Lopez by the neck. Pachnik and Manjarrez used strikes and an emergency take down procedure was used to gain control of the subject. The subject continued to punch and kick to attempt to defeat the arrest. The subject disregarded orders by Department members and the subject was placed into custody. PO Lopez and PO Antesberger attempted to escort the subject downstairs and the subject pulled away and used his shoulders and struck Lopez shoulder and kicked him in the leg. The subject attempted to kick Antesberger an attempt to defeat arrest. PO Gregerson observed the subject resisting and battering the Department members and she deployed her Taser, striking the subject and gaining control.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	ALLEN, JEFFREY W	1851		015 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
04-MAY-2012 09:10 - 04-MAY-2012 09:10		1522	015	090 - APARTMENT	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	GREGERSON, NATHALIE L	19688		015 /	POLICE OFFICER	F	WHI		
CPD Employee	Involved Member	PACHNIK, ARKADIUSZ J	3917		015 /	POLICE OFFICER	M	WHI		
CPD Employee	Involved Member	ANTESBERGER, BRENT P	3724		015 /	POLICE OFFICER	M	WHI		
CPD Employee	Involved Member	LOPEZ, JOSEPH	15739		003 / 015	POLICE OFFICER	M	S		
CPD Employee	Involved Member	MANJARREZ, BERNARDO	9057		015 /	POLICE OFFICER	M	S		
NON-CPD	Victim/Subject						M	BLK		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	

Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	31-AUG-2012 04:15	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	31-AUG-2012 04:15	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	17-JUL-2012 11:58	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	17-JUL-2012 11:53	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	17-JUL-2012 11:53	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	05-MAY-2012 10:55	CHICO, ALICE	INVESTIGATOR 2 COPA	113 /	Taser Download Report
PENDING SUPERVISOR REVIEW	05-MAY-2012 10:54	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 10:54	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 09:55	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 09:51	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 09:50	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 09:49	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 09:32	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 09:29	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 08:40	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 08:15	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	04-MAY-2012 11:33	CHIBE, JOHN	POLICE OFFICER	116 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					CHIBE, JOHN	04-MAY-2012 11:33			
	DOCUMENTS - INTAKE INCIDENT		11	Howard, Jeremy-CB# [REDACTED]	N	DOUGLAS, KHRYSTL	05-MAY-2012 08:40	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	X00-570667	N	TOUSANT, LISA	17-JUL-2012 10:26	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Lopez, #15739	N	DOUGLAS, KHRYSTL	05-MAY-2012 09:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Antesberger, #3724	N	DOUGLAS, KHRYSTL	05-MAY-2012 09:49	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Pachnik, #3917	N	DOUGLAS, KHRYSTL	05-MAY-2012 09:50	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Gregerson, #19688	N	DOUGLAS, KHRYSTL	05-MAY-2012 08:41	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	X00-554420	N	TOUSANT, LISA	17-JUL-2012 11:53	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 04-MAY-2012) - LOG #1053790

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	ALLEN, JEFFREY W	1851		015 /	SERGEANT OF POLICE	M	WHI		

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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	04-MAY-2012 23:33	CHIBE, JOHN	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	31-AUG-2012 04:15	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	31-AUG-2012 04:15	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	05-MAY-2012 09:55	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 09:51	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 09:50	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 09:49	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 09:32	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 09:29	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 08:40	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	05-MAY-2012 08:15	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	04-MAY-2012 11:33	CHIBE, JOHN	POLICE OFFICER	116 /	

CHICAGO POLICE DEPARTMENT

FINAL APPROVAL

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11 420C(REV 6/30)

CB #
IR #
YD #
RD #
EVENT #

ARREST REPORTING

OFFENDER	Name: [REDACTED]	Beat: 1522	Male
	Res: [REDACTED]		Black
	DOB: [REDACTED]		6' 00"
	AGE: 25 years		200 lbs
	POB: Illinois		Brown Eyes
	DLN: [REDACTED]		Black Hair
	ARMED WITH Unarmed		Fade Hair Style
			Black Complexion
			Marks: [REDACTED]

INCIDENT	Arrest Date: 04 May 2012 21:12	TRR Completed? Yes	Total No Arrested: 1	Co-Arrests	Assoc Cases
	Location: [REDACTED]	Beat: 1522		DCFS Ward ? No	
	090 - Apartment		Dependent Children? No		
	Holding Facility: District 015 Lockup				
	Resisted Arrest? Yes				

CHARGES	1	Offense As Cited	520 ILCS 5.0/1.22	Victim	State Of Illinois, Po Lopez 15739
			RESIST/OBSTRUCT OFFICER		
			Class A - Type M		
	2	Offense As Cited	520 ILCS 5.0/1.22	State Of Illinois, Po Antesberger 3724	
			RESIST/OBSTRUCT OFFICER		
			Class A - Type M		
	3	Offense As Cited	520 ILCS 5.0/1.22	State Of Illinois, Po Pachnik 3917	
		RESIST/OBSTRUCT OFFICER			
		Class A - Type M			
4	Offense As Cited	520 ILCS 5.0/1.22	State Of Illinois, Po Manjarrez 9057		
		RESIST/OBSTRUCT OFFICER			
		Class A - Type M			
5	Offense As Cited	720 ILCS 5.0/12-3-A-2	State Of Illinois, Po Lopez 15739		
		BATTERY - MAKE PHYSICAL CONTACT			
		Class A - Type M			
6	Offense As Cited	720 ILCS 5.0/12-3-A-2	State Of Illinois, Po Pachnik 3917		
		BATTERY - MAKE PHYSICAL CONTACT			
		Class A - Type M			
7	Offense As Cited	720 ILCS 5.0/12-3-A-2	State Of Illinois, Po Manjarrez 9057		
		BATTERY - MAKE PHYSICAL CONTACT			

ARREST REPORTING

8	Offense As Cited	Class A - Type M 725 ILCS 5.0/110-3 ISSUANCE OF WARRANT	
9	Offense As Cited	720 ILCS 5.0/12-2-A-16	State Of Illinois, Po Antesberger 3724
		AGG ASLT/POLICE/SHERIFF EMP	
10	Offense As Cited	Class A - Type M 720 ILCS 5.0/12-3.2-A-2	Domestic Related [REDACTED]
		DOMESTIC BATTERY - PHYSICAL CONTACT	
11	Offense As Cited	Class A - Type M 720 ILCS 5.0/12-3.2-A-2	Domestic Related [REDACTED]
		DOMESTIC BATTERY - PHYSICAL CONTACT	
		Class A - Type M	

RECOVERED
NARCOTICS

NO NARCOTICS RECOVERED

WARRANT

Warrant No	Issue Date	Type	NCIC/ Leads No	Hold	Bond Amount	Case Docket No	County
WP1204133	04-MAY-12	Parole/Mand Violation	[REDACTED]				Cook
Remarks: WARRANT VERIFIED THROUGH LEADS OPERATOR AHEARN *19883 AT 2300							

ARREST REPORTING

VICTIM AND COMPLAINANT	
NON-OFFENDER(S)	Name: [REDACTED]
	Res: [REDACTED]
	Beat: 1522
	Female
	DOB: [REDACTED]
	Age: 22 years
	Injured? Yes Deceased? No
	Hospitalized? No
	Treated and Released? No

ARREST REPORTING

Injuries: Laceration

ARREST REPORTING

KNEE BLEEDING

Comments: Refused Medical Attention Ro Antesberger Observed
Above Victim Knee Bleeding.

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Po Lopez 15739**Res:** 5701 W Madison St
Chicago, IL 60644
312-743-1440**Beat:** 1513**DOB:****Age:****Injured?** Yes **Deceased?** No**Hospitalized?** No**Treated and Released?** No

ARREST REPORTING

Injuries: Abrasions

ARREST REPORTING

REDNESS AROUND NECK AREA

Comments: While Trying To Place Offender In Custody Subject
Grabbed Police Lanyard Around Po Lopez Neck
Causing Redness Around Neck Area.

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Po Gregerson 19688

Res: 5701 W Madison St
Chicago, IL 60644
312-743-1440

Beat: 1513**DOB:****Age:****Comments:****Injured?** No**Deceased?** No**Hospitalized?** No**Treated and Released?** No

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Po Antesberger 3724

Res: 5701 W Madison St
Chicago, IL 60644
312-743-1440

Beat: 1513**DOB:****Age:****Comments:****Injured?** No**Deceased?** No**Hospitalized?** No**Treated and Released?** No

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Po Pachnik 3917

Res: 5701 W Madison St
Chicago, IL 60644
312-743-1440

Beat: 1513**DOB:****Age:****Comments:****Injured?** No**Deceased?** No**Hospitalized?** No**Treated and Released?** No

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Po Manjarrez 9057

Res: 5701 W Madison St
Chicago, IL 60644
312-743-1440

Beat: 1513**DOB:****Age:****Comments:****Injured?** No**Deceased?** No**Hospitalized?** No**Treated and Released?** No

VICTIM AND COMPLAINANT

Name: [REDACTED]**Male****Black****DOB:** [REDACTED]**Age:** 4 years

Comments: Offender Struck Victim In The Chest. Mother Refused
Medical Attention

Injured? Yes**Deceased?** No**Hospitalized?** No**Treated and Released?** No

ARREST REPORTING

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED]

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT [REDACTED] IN SUMMARY, A/O'S PREVIOUSLY REPONDED TO [REDACTED] REGARDING A DOMESTIC BATTERY AND GENERATED A REPORT UNDER THE ABOVE LISTED RD WITH THE ABOVE AS THE NAMED OFFENDER WHO STRUCK COMPLAINANT [REDACTED] WITH A CLOSED FIST IN THE CHEST AND COMPLAINANT [REDACTED] 6 TIMES WITH A CHAIR ACROSS HER BODY. A/O'S CONTACTED IDOC REGARDING THIS INCIDENT SINCE THE ABOVE WAS KNOWN TO A/O'S TO BE ON PAROLE. IDOC SUBSEQUENTLY ISSUED A PAROLE VIOLATION UNDER WARRANT # [REDACTED] A/O'S THEN RELOCATED TO ABOVE LOCATION AND KNOCKED ON DOOR TO CHECK ON THE WELL BEING OF THE VICTIM, AND IN AN ATTEMPT TO LOCATE [REDACTED] AT WHICH TIME A MALE VOICE RESPONDED "WHAT THE FUCK YOU WANT" REFUSING TO OPEN THE DOOR. RO'S RELOCATED OUTSIDE THE APARTMENT WHERE OFFENDER [REDACTED] STUCK HIS HEAD OUT THE WINDOW. RO'S POSITITVELY IDENTIFIED THE OFFENDER [REDACTED] AND OBSERVED HIM YELLING OUT THE SECOND FLOOR SAYING "FUCK YOU, YOU AINT GETTING IN HERE, WHO THE FUCK DO YOU THINK YOU ARE? DO YOU KNOW WHO I AM". RO'S REQUESTED A SGT. ON SCENE. ASSISTING UNITS BTS 1580, 1581A AND 1582A ARRIVED ON SCENE. A/O'S MADE ENTRY INTO FRONT AND REAR HALLWAY AND KNOCKED ON THE DOOR. RO'S HEARD VICTIM STATING TO RO'S I CAN'T OPEN THE DOOR, I CAN'T OPEN THE DOOR.", AND HEARD SCREAMING AND ARGUING COMING FROM INSIDE THE APARTMENT. A/O'S COULD HEAR YOUNG CHILDREN IN THE UNIT YELLING AND CRYING FOR HELP. AFTER NUMEROUS REQUESTS BY A/O'S FOR OFFENDER TO OPEN THE DOOR W/ NEGATIVE RESULTS, A/O'S FEARING FOR THE WELL BEING AND SAFETY OF INDIVIDUALS INSIDE OF RESIDENCE MADE FORCED ENTRY THROUGH THE FRONT DOOR. OFFENDER THEN ATTEMPTED TO FLEE AT WHICH TIME A/O PACHNIK #3917 DEPLOYED TASER #X00-554420 AND CARTRIDGE #C310130C0 STRIKING OFFENDER ON THE REAR SIDE OF HIS BODY. OFFENDER HAD LIGHTS OFF IN THE RESIDENCE AND FLED INTO DARK BATHROOM. A/O'S ATTEMPTED TO PLACE OFFENDER INTO CUSTODY WHEN OFFENDER CHARGED A/O'S W/ CLOSED FISTS STRIKING A/O MANJARREZ #9057 ON THE HEAD, STRIKING A/O PACHNIK #3917 IN THE RIGHT SHOULDER AND GRABBING A/O LOPEZ #15739 BY THE NECK. A/O'S PACHNIK AND MANJARREZ USED STRIKES TO OFFENDERS BODY AND EMERGENCY TAKE DOWN PROCEDURE WAS USED TO CONTROL OFFENDER. OFFENDER CONTINUED TO PUNCH AND KICK OFFICERS ABOUT THE BODY TO DEFEAT THE ARREST. OFFENDER DISREGARDED ALL VERBAL INSTRUCTIONS BY A/O'S TO STOP RESISTING, OFFENDER EVENTUALLY PLACED INTO CUSTODY. VICTIM SIGNED COMPLAINTS FOR DOMESTIC BATTERY. AS A/O LOPEZ #15739 AND ANTESBERGER #3724 ATTEMPTED TO ESCORT OFFENDER DOWN THE STAIRS, OFFENDER PULLED AWAY AND USED HIS SHOULDER AS A BATTERING RAM STRIKING A/O LOPEZ SHOULDER THEN KICKING A/O LOPEZ IN THE LEG AND ATTEMPTED TO KICK A/O ANTESBERGER #3724, IN AN ATTEMPT TO ESCAPE ARREST, A/O GREGERSON #19688 OBSERVED OFFENDER RESISTING AND BATTERING A/O'S AT WHICH TIME A/O GREGERSON DEPLOYED TASER #X00-570667 AND CARTRIDGE #C310130RA STRIKING OFFENDER AND GAINING CONTROL OF OFFENDER. TRANSPORTED TO [REDACTED] WHERE OFFENDER WAS TREATED AND RELEASED BY DR. SCHLEGEL. TRANSPORTED TO 015TH DIST FOR FURTHER PROCESSING. NAME CHECK CLEAR OF ALL OTHER WANTS OR WARRANTS. WARRANT VERIFIED THROUGH LEADS OPERATOR AHERAN #19883 AT 2300 HOURS. IDOC OPERATOR WATERS #1208 NOTIFIED AT 2305 HOURS. NO ID. NO USC [REDACTED] NOT IN GIPP OR TRAP. NO PERSONAL INVENTORY. VIN AND DIN GIVEN TO VICTIM AND SHE WAS NOTIFIED OF COURT INFORMATION AND ADVISED TO ATTEND.

ARREST REPORTING

COURT INFO		BOND INFO	
Desired Court Date: 14 May 2012		BOND INFORMATION NOT AVAILABLE	
Branch: 63-2 555 W HARRISON ST - Room 40			
Court Sgt Handle? No			
Initial Court Date: 05 May 2012			
Branch: 1 2600 S CALIFORNIA - Room100			
Docket #:			
ATTESTING OFFICER:			
I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.			
Attesting Officer: #3724 ANTESBERGER, B P [REDACTED] 05 MAY 2012 00:44			
ARRESTING OFFICER(S):			
1st Arresting Officer: #3724 ANTESBERGER, B P [REDACTED] Beat 1571			
2nd Arresting Officer: #11589 VANPELT, A M [REDACTED] 1571			
APPROVING SUPERVISOR:			
Approval of Probable Cause : #292 REGNIER, S T [REDACTED] 05 MAY 2012 00:45			

ARREST PROCESSING REPORT

Holding Facility: District 015 Lockup
Received in Lockup: 05 May 2012 00:59
Prints Taken: 05 May 2012 01:11
Palmprints Taken: Yes
Photograph Taken: 05 May 2012 01:11
Released from Lockup:

Time Last Fed:
Time Called: Phone#:
Cell #: 3
Transport Details : 2PO 1571 04-MAY-2012 22:15

VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? Yes
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? No
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? No
Carrying medication? No

ARRESTEE QUESTIONNAIRE

Presently taking medication? No
(if female)are you pregnant?
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

Above Have Minor Abrasion To Right And Left Arm. He Also Related That He Have Minor Abrasion To Outter Butt Area

LOCKUP KEEPER COMMENTS:

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

LOCKUP KEEPER PROCESSING

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

			Beat
Searched By:		HARDY, R L [REDACTED]	
Lockup Keeper:	#11427	TANDY, A R [REDACTED]	
Assisting Arresting Officer:	#10156	KEANY, A E [REDACTED]	1581
Assisting Arresting Officer:	#15739	LOPEZ, J [REDACTED]	1581
Assisting Arresting Officer:	#1851	ALLEN, J W [REDACTED]	1581
Assisting Arresting Officer:	#19688	GREGERSON, N L [REDACTED]	1581
Assisting Arresting Officer:	#3917	PACHNIK, A J [REDACTED]	1581
Assisting Arresting Officer:	#9057	MANJARREZ, B [REDACTED]	1581
Fingerprinted By:		HARDY, R L [REDACTED]	

APPROVAL PERSONNEL:

			Beat
Final Approval of Charges :	#292	REGNIER, S T [REDACTED]	05 MAY 2012 02:58

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 04-MAY-2012		TIME 21:11:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 090		4 BEAT/OCCUR 1522	
MEMBER INVOLVED	5 POSITION 9161	6 LAST NAME GREGERSON	7 FIRST NAME NATHALIE L		8 STAR NO 19688	9 SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10 RACE CODE WHI	11 AGE [REDACTED]	12 HT 509	13 WT 174	
	14 DATE OF APPT 23-JAN-2006	15 EMPLOYEE NO [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 015 1581		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 MI [REDACTED]	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE BLK	25 DOB [REDACTED]	26 HT 600	27 WT 200	
SUBJECT INFORMATION	28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]			34 BY WHOM? DR. SCHLEGEL		35 CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36 CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****			
	37 CB NO [REDACTED]		IR NO [REDACTED]		DNA <input type="checkbox"/>		DNA <input type="checkbox"/>				
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE		
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER <u>KICKING AO'S</u>		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____		
	39 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]				40 ADDITIONAL INFORMATION [REDACTED]				DNA <input type="checkbox"/>		
WEAPON DISCHARGE INCIDENT	POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]		41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		
	43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input checked="" type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR		45 MAKE/MANUFACTURER [REDACTED]		46 MODEL [REDACTED]		47 BARREL LENGTH [REDACTED]		
	48 TASER DART ID NO C310130RA		50 WEAPON SERIAL NO (Include Letters) X00-570667		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]		
	54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED [REDACTED]		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]		
CASE INFO.	59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		
	64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		
	69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70 EVENT NO [REDACTED]		71 R.D. NO [REDACTED]		72 NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR		72 NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV		
	73 REPORTING MEMBER (Print Name) GREGERSON, NATHALIE L		STAR/EMPLOYEE NO 19688		SIGNATURE [REDACTED]		DATE REVIEWED 04-MAY-2012 23:06:17		TIME 04-MAY-2012 23:07:49		
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										
	74 REVIEWING SUPERVISOR (Print Name) ALLEN, JEFFREY W		STAR NO 1851		SIGNATURE [REDACTED]		DATE REVIEWED 04-MAY-2012 23:07:49		TIME 04-MAY-2012 23:07:49		

SUBJECT INFORMATION	36 CHARGES PLACED	<input type="checkbox"/> DNA	
	720 ILCS 5.0/12-3.2-A-2, 720 ILCS 5.0/12-3.2-A-2, 720 ILCS 5.0/12-2-A-16, 725 ILCS 5.0/110-3, 720 ILCS 5.0/12-3-A-2, 720 ILCS 5.0/12-3-A-2, 720 ILCS 5.0/12-3- A-2, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22		

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Offender related, in summery, not verbatim: I was arguing with my ol' lady and the police came. They didn't have a warrant so I didn't have to open the door.

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

I have concluded that the member's actions were in compliance with Department procedures and directives

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1053790 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

KAUP JR, EDWIN J

SIGNATURE

DATE COMPLETED

TIME

04-MAY-2012 23:57:21

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80 TOTAL TRR's THIS EVENT No

5

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 04-MAY-2012		TIME 21:10:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 090		4 BEAT/OCCUR 1522	
	5 POSITION 9161		6 LAST NAME ANTESBERGER		7 FIRST NAME BRENT P		8 STAR NO 3724		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI	
SUBJECT INFORMATION	14 DATE OF APPT 01-SEP-2010		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 015 1571		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 D O B [REDACTED]	
	26 HT 600		27 WT 200		28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? FEET, HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34 BY WHOM? DR. SCHLEGEL		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36 CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****		37 CB NO [REDACTED]	
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT BATTERY	
					ASSAILANT DEADLY FORCE							
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>		
		STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <u>KICKED AO'S</u>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>		
		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____		
		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>		
		VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____		
		ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				
		WRISTLOCK <input checked="" type="checkbox"/>		CANINE <input type="checkbox"/>								
		ARMBAR <input checked="" type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>								
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>								
		CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>								
		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>								
		OTHER <u>ANKLE HOLD</u>		OTHER _____								
WEAPON DISCHARGE INCIDENT	39 <input checked="" type="checkbox"/> DNA					40 ADDITIONAL INFORMATION						
	POSITION					STAR NO		UNIT				
	41 WEAPON TYPE					42 INCIDENT OCCURRED		43 LIGHTING CONDITIONS		44 WEATHER CONDITIONS		
	<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL					<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk		CLEAR		
	<input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON							<input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial				
	<input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge)					45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		
	<input type="checkbox"/> 07 OTHER					48 CALIBER/GAUGE						
	49 TASER DART ID NO					50 WEAPON SERIAL NO (Include Letters)		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		
	53 HANDGUN CERTIFICATE NO					54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED		
	57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER					58 TOTAL NO. OF SHOTS MEMBER FIRED						
CASE INFO.	59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)					60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO. OF CATDRIDGES/ SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)					64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				
	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)					67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT.						
	68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
	70 NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST. OF OCCUR.					71 NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.				
	72 REPORTING MEMBER (Print Name) ANTESBERGER, BRENT P					STAR/EMPLOYEE NO 3724		SIGNATURE [REDACTED]				
	73 DATE/TIME 04-MAY-2012 23:10:31											
	74 REVIEWING SUPERVISOR (Print Name) ALLEN, JEFFREY W					STAR NO. 1851		SIGNATURE [REDACTED]		DATE REVIEWED 04-MAY-2012 23:11:24		
	75 TIME 04-MAY-2012 23:11:24											

SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	720 ILCS 5.0/12-3.2-A-2, 720 ILCS 5.0/12-3.2-A-2, 720 ILCS 5.0/12-2-A-16, 725 ILCS 5.0/110-3, 720 ILCS 5.0/12-3-A-2, 720 ILCS 5.0/12-3-A-2, 720 ILCS 5.0/12-3- A-2, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22		

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Offender related, in summery, not verbatim: I was arguing with my ol' lady and the police came. They didn't have a warrant so I didn't have to open the door.

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

I have concluded that the member's actions were in compliance with Department procedures and directives

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1053790 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

KAUP JR, EDWIN J

SIGNATURE

DATE COMPLETED

TIME

04-MAY-2012 23:56:07

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

5

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 04-MAY-2012		TIME 21:10:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 090		4 BEAT/OCCUR 1522	
MEMBER INVOLVED	5 POSITION 9161	6 LAST NAME PACHNIK	7 FIRST NAME ARKADIUSZ J		8 STAR NO 3917	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE WHI	11 AGE [REDACTED]	12 HT 602	13 WT 215	
	14 DATE OF APPT 28-APR-2008		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 015 1581		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
SUBJECT INFORMATION	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 MI [REDACTED]	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE BLK	25 DOB [REDACTED]	26 HT 600	27 WT 200	
	28 ADDRESS 5502 W VAN BUREN ST CHICAGO, IL 60644			29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? FEET, HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]			34 BY WHOM? DR. SCHLEGEL		35 CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		36 CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****		37 CB NO [REDACTED]	
	38 DNA <input type="checkbox"/>			39 DNA <input type="checkbox"/>		40 DNA <input type="checkbox"/>		41 DNA <input type="checkbox"/>		42 DNA <input type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT-ASSAULT		ASSAILANT-BATTERY		ASSAILANT DEADLY FORCE		
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input checked="" type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input checked="" type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input checked="" type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____		
	39 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40 ADDITIONAL INFORMATION ASP USED ON DELIVERY SYSTEM: OFFENDERS LEGS AND ARM		41 DNA <input type="checkbox"/>		42 DNA <input type="checkbox"/>		43 DNA <input type="checkbox"/>		
WEAPON DISCHARGE INCIDENT	POSITION		STAR NO		UNIT		41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		
	43 WEAPON TYPE <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		44 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		
	48 WEATHER CONDITIONS CLEAR		49 TASER DART ID NO C310130C0		50 WEAPON SERIAL No (Include Letters) X00-554420		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		
	53 HANDGUN CERTIFICATE NO		54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		
	58 TOTAL NO OF SHOTS MEMBER FIRED		59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		
	68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70 EVENT NO [REDACTED]		71 R.D. NO [REDACTED]		72 CASE INFO.		
	73 REPORTING MEMBER (Print Name) PACHNIK, ARKADIUSZ J		STAR/EMPLOYEE NO 3917		SIGNATURE [REDACTED]		74 REVIEWING SUPERVISOR (Print Name) ALLEN, JEFFREY W		STAR NO 1851		
	75 SIGNATURES 04-MAY-2012 23:27:39		SIGNATURE [REDACTED]		DATE REVIEWED 04-MAY-2012 23:30:26		TIME 04-MAY-2012 23:30:26		76 SIGNATURES 04-MAY-2012 23:30:26		
	77 SIGNATURES 04-MAY-2012 23:30:26		SIGNATURE [REDACTED]		DATE REVIEWED 04-MAY-2012 23:30:26		TIME 04-MAY-2012 23:30:26		78 SIGNATURES 04-MAY-2012 23:30:26		

SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	720 ILCS 5.0/12-3.2-A-2, 720 ILCS 5.0/12-3.2-A-2, 720 ILCS 5.0/12-2-A-16, 725 ILCS 5.0/110-3, 720 ILCS 5.0/12-3-A-2, 720 ILCS 5.0/12-3-A-2, 720 ILCS 5.0/12-3- A-2, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22		

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Offender related, in summary, not verbatim: I was arguing with my ol' lady and the police came. They didn't have a warrant so I didn't have to open the door.

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

I have concluded that the member's actions were in compliance with Department procedures and directives

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1053790 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

KAUP JR, EDWIN J

SIGNATURE

DATE COMPLETED

TIME

05-MAY-2012 00:00:09

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

5

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1 DATE OF INCIDENT 04-MAY-2012		TIME 21:10:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 290		4 BEAT/OCCUR 1522							
		5 POSITION 9161		8 LAST NAME LOPEZ		7 FIRST NAME JOSEPH		8 STAR NO 15739		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE S		11 AGE [REDACTED]		12 HT 507		13 WT 215	
SUBJECT INFORMATION		14 DATE OF APPT 27-OCT-2003		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 003 1582		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
		20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 D O B [REDACTED]		26 HT 600		27 WT 200			
REASON FOR USE OF FORCE (Check all that apply)		28 ADDRESS 5502 W VAN BUREN ST CHICAGO, IL 60644		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? FEET, HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
		33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34 BY WHOM? DR. SCHLEGEL		35 CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36 CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****		37 CB NO [REDACTED]		IR NO [REDACTED]		DNA <input type="checkbox"/>					
WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE							
				DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____							
CASE INFO.		MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input checked="" type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____							
				39 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40 ADDITIONAL INFORMATION [REDACTED]		41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR					
SIGNATURES		45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE		49 TASER DART ID NO		50 WEAPON SERIAL No (Include Letters)		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO	
		54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER		58 TOTAL NO OF SHOTS MEMBER FIRED		59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	
70 EVENT NO		63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					
		72 NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73 REPORTING MEMBER (Print Name) LOPEZ, JOSEPH 04-MAY-2012 23:26:47		STAR/EMPLOYEE NO 15739		SIGNATURE [REDACTED]		74 REVIEWING SUPERVISOR (Print Name) ALLEN, JEFFREY W		STAR NO 1851		SIGNATURE [REDACTED]		DATE REVIEWED 04-MAY-2012 23:31:04		TIME	

SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	720 ILCS 5.0/12-3.2-A-2, 720 ILCS 5.0/12-3.2-A-2, 720 ILCS 5.0/12-2-A-16, 725 ILCS 5.0/110-3, 720 ILCS 5.0/12-3-A-2, 720 ILCS 5.0/12-3-A-2, 720 ILCS 5.0/12-3- A-2, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22		

WATCH COMMANDER/OCIC REVIEW

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75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Offender related, in summery, not verbatim: I was arguing with my ol' lady and the police came. They didn't have a warrant so I didn't have to open the door.

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

I have concluded that the member's actions were in compliance with Department procedures and directives

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1053790 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

KAUP JR, EDWIN J

SIGNATURE

DATE COMPLETED

TIME

04-MAY-2012 23:58:27

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

5

**TASER Information****Downloaded By**

Serial #	<i>X00-570667</i>	Name	<i>Edwin Kaup</i>
Model #	<i>X26</i>	Dept	<i>CPD</i>
X26 Software Version	<i>22</i>	Rank	<i>Lieutenant</i>
Dataport CD Version	<i>17.9</i>	Windows Version	<i>Windows XP</i>
Record Date Range	<i>05/04/2012 - 05/04/2012</i>	Report Generated	<i>05/05/12 00:05:09 (local)</i>
Computer Time Zone	<i>Central Standard Time +DST</i>		
Using Daylight Savings Time	<i>Yes</i>		

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	Incomplete Time Change Record				
0002	10/21/10 20:25:38	10/21/10 15:25:38	Old Time		
0003	10/21/10 20:25:39	10/21/10 15:25:39	New Time		
0004	04/13/11 03:37:51	04/12/11 22:37:51	Old Time		
0005	04/13/11 03:32:19	04/12/11 22:32:19	New Time		
0006	05/31/11 09:17:55	05/31/11 04:17:55	Old Time		
0007	05/31/11 09:14:26	05/31/11 04:14:26	New Time		
0008	04/02/12 10:40:30	04/02/12 05:40:30	Old Time		
0009	04/02/12 10:29:38	04/02/12 05:29:38	New Time		
0010	05/04/12 05:01:24	05/04/12 00:01:24	1	22	48
0011	05/05/12 01:59:16	05/04/12 20:59:16	5	15	48
0012	05/05/12 01:59:39	05/04/12 20:59:39	5	16	48
0013	05/05/12 05:06:07	05/05/12 00:06:07	Old Time		
0014	05/05/12 05:03:53	05/05/12 00:03:53	New Time		

End of Report.

v



TASER Information		Downloaded By	
Serial #	<i>X00-554420</i>	Name	<i>Eugene Vann</i>
Model #	<i>X26</i>	Dept	<i>CPD</i>
X26 Software Version	<i>22</i>	Rank	<i>Lt</i>
Dataport CD Version	<i>17.9</i>	Windows Version	<i>Windows XP</i>
Record Date Range	<i>05/04/2012 - 05/04/2012</i>	Report Generated	<i>07/17/12 10:30:41 (local)</i>
Computer Time Zone	<i>Central Standard Time *DST</i>		
Using Daylight Savings Time	<i>Yes</i>		

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	Incomplete Time Change Record				
0002	10/25/10 20:36:37	10/25/10 15:36:37	Old Time		
0003	10/25/10 20:36:38	10/25/10 15:36:38	New Time		
0004	04/13/11 03:28:09	04/12/11 22:28:09	Old Time		
0005	04/13/11 03:24:42	04/12/11 22:24:42	New Time		
0006	10/09/11 09:05:24	10/09/11 04:05:24	Old Time		
0007	10/09/11 08:59:59	10/09/11 03:59:59	New Time		
0008	01/25/01 11:02:26	01/25/01 05:02:26	Old Time		
0009	01/13/12 11:55:12	01/13/12 05:55:12	New Time		
0010	05/04/12 05:03:21	05/04/12 00:03:21	1	22	34
0011	05/05/12 01:57:45	05/04/12 20:57:45	5	19	31
0012	05/05/12 01:57:50	05/04/12 20:57:50	5	19	31
0013	05/05/12 05:12:13	05/05/12 00:12:13	Old Time		
0014	05/05/12 05:07:39	05/05/12 00:07:39	New Time		

End of Report.